

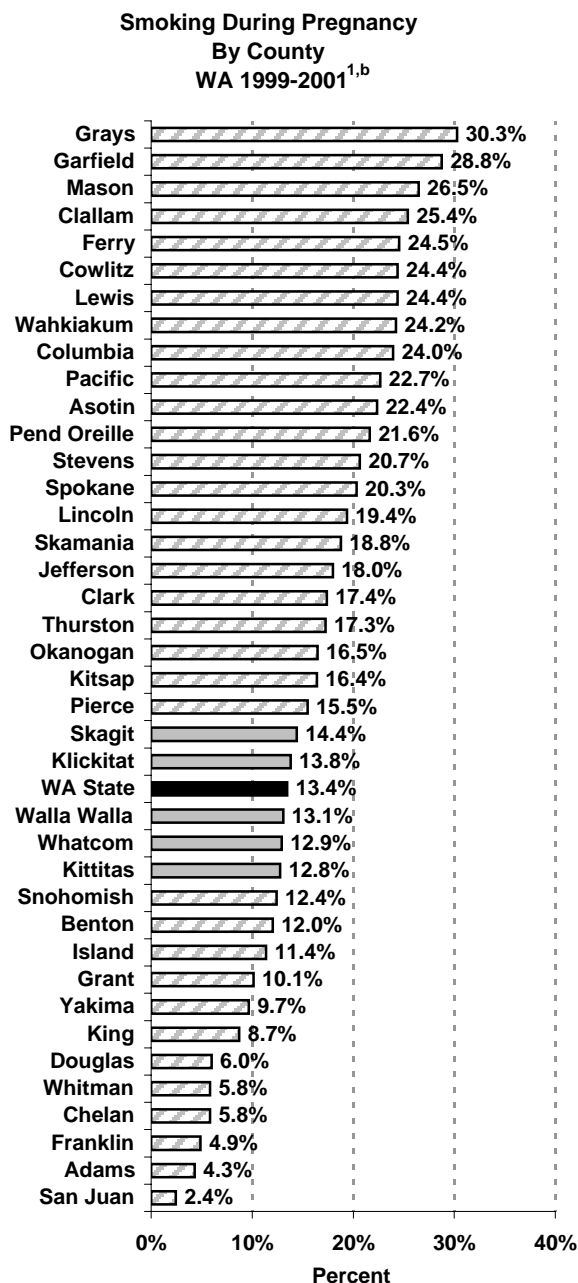
# Smoking During Pregnancy

## Key Findings

- ❖ Tobacco smoking during pregnancy is the single most important preventable cause of low birth weight. Smoking is also associated with spontaneous abortion. Tobacco smoking among women with a live birth in Washington State decreased significantly from 20.1% in 1990 to 12.6% in 2001. Nationally in 2001, 12.0% of women with a live birth smoked during pregnancy.<sup>1,2,3,c</sup>
- ❖ American Indian/ Alaska Native women, Non-Hispanic women, women who were Grant Recipients, and women in small town rural areas were significantly more likely to report smoking during pregnancy. Rates of smoking during pregnancy decreased significantly among all races and ethnicities from 1990-2001.<sup>1,5</sup>
- ❖ Smoking during pregnancy was highest among women 15 -19 years of age and decreased with age until age 30. Smoking decreased significantly from 1990 to 2001 in all age groups except women ages 40-44 years.<sup>1</sup>
- ❖ Among PRAMS respondents in 2000, an estimated 24% reported smoking during the three months prior to pregnancy, 12% during the last three months of pregnancy and 17% postpartum. (Data not shown)<sup>4,b</sup>
- ❖ The Healthy People 2010 goal is for 99% of pregnant women to abstain from smoking during pregnancy and to increase smoking cessation during pregnancy to 30%.<sup>2</sup>

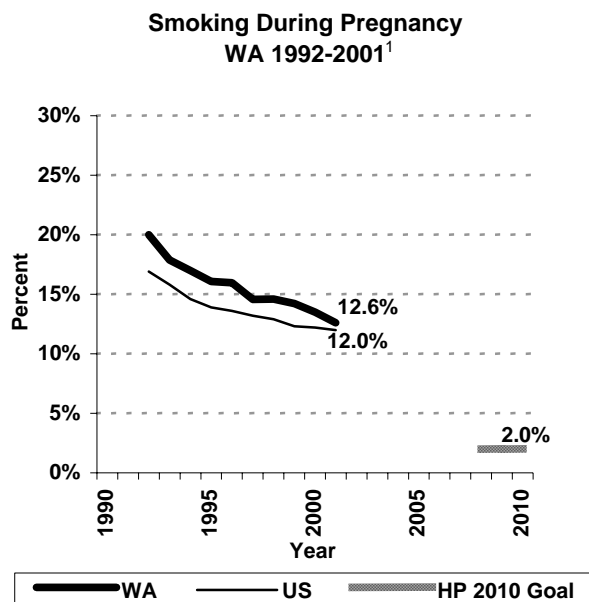
Definition: Smoking during pregnancy is defined as the mother smoking at any time during her pregnancy as reported on the Washington State Birth Certificate.<sup>b</sup>

## County

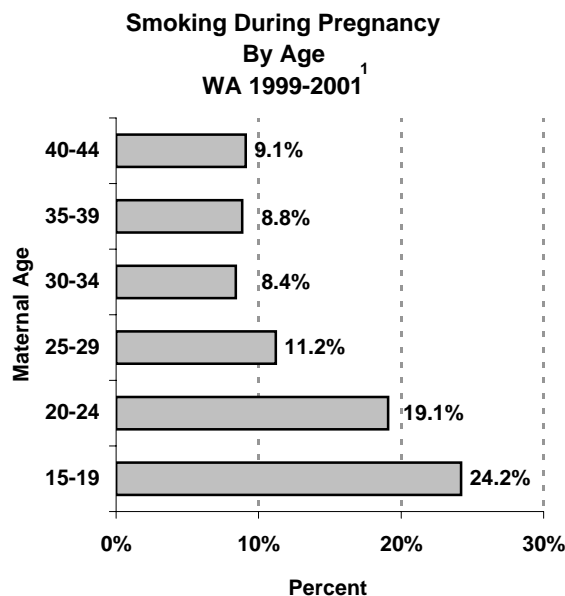


## Smoking During Pregnancy (cont.)

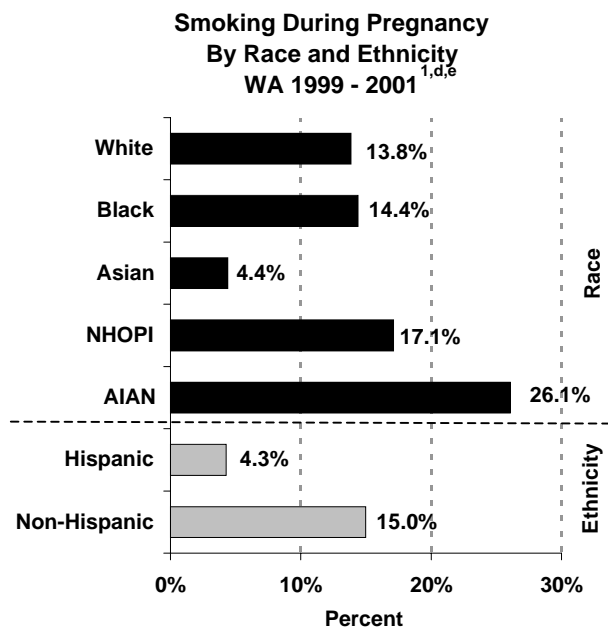
### Trend



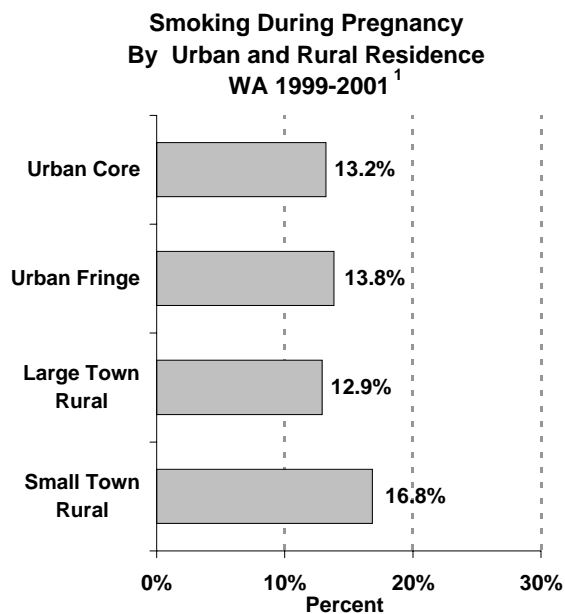
### Age



### Race and Ethnicity

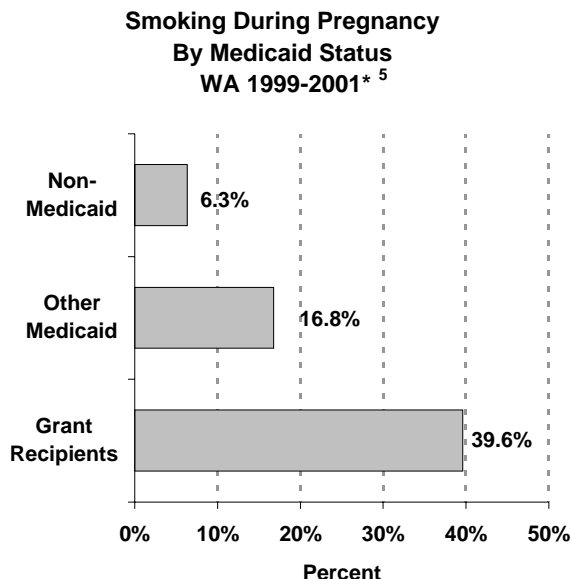


### Rural and Urban Residence



## Smoking During Pregnancy (cont.)

### Medicaid Status



*\*Medicaid women had either prenatal care or delivery paid by Medicaid. Medicaid women include those who are very low income and receive cash assistance (TANF) in addition to Medicaid [**Grant Recipients**] and those who receive Medicaid with no cash assistance [**Other Medicaid**].*

### Data Sources

- <sup>1</sup> Washington State birth certificate data: Vital Statistics 2001, Washington State Department of Health, Center for Health Statistics, December 2002.
- <sup>2</sup> Department of Health and Human Services (US). Healthy People 2010: Understanding and Improving Health. 2nd edition. Washington, DC: US Government Printing Office; November 2000.
- <sup>3</sup> Births: Final data for 2001. National Vital Statistics Report; Vol 52 No 2. Hyattsville, Maryland: National Center for Health Statistics. 2002.
- <sup>4</sup> Washington Pregnancy Risk Assessment Monitoring System (PRAMS), 2000.
- <sup>5</sup> Cawthon L. Smoking during pregnancy for women with Deliveries 1999-2001. Washington State Department of Social and Health Services, 7/30/2003.

### Endnotes

- <sup>a</sup> Significance was determined based on 95% Confidence Intervals.
- <sup>b</sup> Data for the county-specific, age-specific, race and ethnicity, and rural-urban smoking rates are based on the percent of infants whose mothers smoked during pregnancy. Medicaid-specific rates and PRAMS data show the percent of pregnant women who reported smoking. Slight differences exist between these two measures.
- <sup>c</sup> Some of this decline may be due to an increase in underreporting related to increased reticence to admit to tobacco use. We do not have data on changes in underreporting, however, research has indicated significant underreporting (up to 30%) of smoking during pregnancy (See Windsor R, Woodby L, Miller T. Effectiveness of AHCPR guidelines - patient education methods for pregnant smokers in Medicaid maternity care. Am J Obstet Gynecol 2000; 182:68-75).
- <sup>d</sup> AIAN - American Indian Native Alaskan
- <sup>e</sup> NHOPI - Native Hawaiian Other Pacific Islander

